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UTILITY			ney Docket No		PC23304A								
PATENT APPLICATION			Inventor		MARK A. DOMBROSKI								
TRANSMITTAL					CYCLOALKYL-[4-(DIFLUOROPHENYL)- OXAZOL-5-YL]-TRIAZOLO-PYRIDINES								
(Only for new nonapplications under 37C.F.R. §1.53(b))			ess Mail Label	No.	EL 639816799 US								
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			ADDRESS TO: Mail Stop PATENT APPLICA Commissioner for Patents Box 1450 Alexandria, VA 22313-1450										
1. 2. 3.	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) Applicant claims small entity status See 37 CFR 1.27 Specification [Total Pages 52 (preferred arrangement set forth below) Descriptive title of the Invention Cross References to Related Applications Statement Regarding Fed sponsored R&D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure	9. 10. 11. 12.	compu Nucleotide ar (if applicable, a	ter Productor Productor Art All nec Compification CD-R Paper Statem MPANY ment Pa 3.73(b) there is a Translation Distent (IDS	D-R in duplication of the control of	icate, large table or andix) equence Submission ple Copy (CRF) Listing on: R (2 copies) g identity of above copies LICATION PARTS r sheet & document(s)) Power of Attore) nent (if applicable) Copies of IDS	03916 U.S. PTO						
6	a. Newly executed (original or copy) b. Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Application Data Sheet. See 37 CFR 1.76	14. 15. <i>16</i> .	(Should Certified (if foreign Nonpub.	d be spend Copy gn prior plication (3)(i). Ap	ity is claime Request ur plicant must	nized) Pocument(s)							
18.	If a CONTINUING APPLICATION check appreciate how and			ntin = 1 :									
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76. Continuation Divisional Continuation-in-part (CIP) of prior application No: _/ Prior application information: Examiner Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts 19. CORRESPONDENCE ADDRESS													
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PTO/SB/17 (05-03)
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FEE TRANSMITTAL	Complete if Known										
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for FY 2003					REWITH						
Effective 01/01/2003. Patent fees are subject to annual revision.						IARK A. DOMBROSKI					
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Applicant claims small status. See 37 CFR 1.27 Total Amount of Payment (\$)750.00					OT YET ASSIGNED						
Total Amount of Payment (\$)750.00 METHOD OF PAYMENT (check all that apply)	Attorney Docket No. PC23304A										
Check Credit Card Money Other None	FEE CALCULATION (continued) 3. ADDITIONAL FEES										
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Deposit Account:	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			Fee Paid			
Deposit Account 16-1445	1051	130	2051	65	Surcharge	- late fee or oath					
Number Deposit Account Name Pfizer Inc	1052	50	2052	25	Surcharge-late filing fee or cover sheet						
The Director is authorized to: (check all that apply)	1053	130	1053	130	Non-Englis	h specification					
☐ Charge fee(s) indicated below ☐ Credit any overpayments	1812	2,520	1812	2,520	Non-English specification For filing a request for reexamination						
Charge any additional fee(s) during the pendency of this application	1804	920*	1804	920*	_	•					
Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR prior to Examiner action Requesting publication of SIR after						
to the above-identified deposit account. FEE CALCULATION	1251	110	2251	55	Examiner action Extension for reply within first month						
1. BASIC FILING FEE	1252	410	2252	205	Extension for reply within second month						
Large Entity Small Entity	1253	930	2253	465		or reply within third					
Fee Fee Fee Fee Description Fee Paid	1254	1,450	2254	725		or reply within fourt					
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1001 750 2001 375 Utility filing fee 750	1255	1,970	2255	985		or reply within fifth i	month				
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of A	ppeal					
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brie	ef in support of an a	ppeal				
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request fo	r oral hearing					
1005 160 2005 80 filing fee	1451	1,510	1451	1,510	Petition to i	nstitute a public use	9				
· ·	1452	110	2452	55		evive unavoidable					
Subtotal (1) \$ 750	1453	1,300	2453	650	Petition to r	evive – unintention	al				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650							
Extra Claims Fee from Fee Paid	1502	470	2502	235	Utility issue fee (or reissue) Design issue fee						
Total Claims	1503	630	2503	315	Plant issue	fee					
Independent 1 -3 = 0 x = =	1460	130	1460	130	Petitions to	the Commissioner	•				
Multiple Dependent =	1807	50	1807	50	Petitions to	the Commissioner					
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt			=			
Fee Fee Fee Description	8021	40	8021	40	Recording	each patent assignr	ment per				
Code (\$) 1202 18 Code (\$) 2202 9 Claims in excess of 20	1809	750	2809	375	property (tin	mes number of prop mission after final r	erties)				
1201 84 2201 42 Independent claims in excess of 3	1810	750	2810	375		129(a)) dditional invention to 37 CFR 1.129(b))	o be				
1203 280 2203 140 Multiple dependent claim, if not paid	1801	750	2810	375		37 CFR 1.129(b)) r Continued Examin	ation (RCE)				
1204 84 2204 42 **Reissue independent claims over	1802	900	1802	900		expedited examina	ation				
original patent 1205 18 2205 9 **Reissue independent claims over	1802	900	1802	900	Request for	of a design application Request for expedited examination					
original patent	of a design application Other Fee (specify)										
SUBTOTAL (2) (\$)		• •	Fee Paid		subtotal (2)	/61					
SUBTOTAL (2) (\$) *Reduced by Basic Filing Fee Paid Subtotal (3) (\$) SUBMITTED BY (Complete if applicable)											
Name (Printed/Type) GARTH BUTTERFIELD		stration N	,	997		Telephone	(212) 573-12	29			
Signature	(Attorney Agent)				0.4	A	2000				
Signature	ערם ע					l Date	August 27, 2	(003			

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